

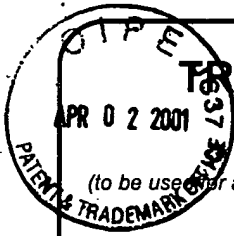
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PTO/SB/21 (08-00)

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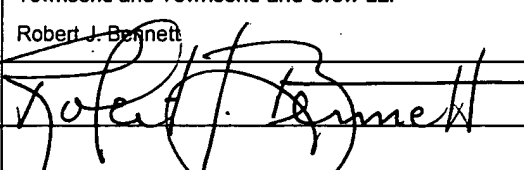
 TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/662,741	
	Filing Date	September 14, 2000	
	First Named Inventor	Bustamante, Herman, et. al.	
	Group Art Unit	2745	
	Examiner Name	Unassigned	
Total Number of Pages in This Submission	6	Attorney Docket Number	12755052700

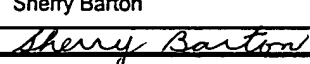
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Petition to Proceed With Reissue Application Without Assignee's Consent Statement Why Assignee's Assent Is Unobtainable At This Time
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

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Firm and Individual name	Townsend and Townsend and Crew LLP Robert J. Bennett Reg No. 27,533
Signature	 3/29/01
Date	

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:			
March 29, 2001			
Typed or printed name	Sherry Barton		
Signature		Date	March 29, 2001

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SF 1206991 v1



FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

		Complete if Known		
		Application Number	09/662,741	
		Filing Date	September 14, 2000	
		First Named Inventor	Bustamante, Herman, et. al.	
		Examiner Name	Unassigned	
		Group Art Unit	2745	
TOTAL AMOUNT OF PAYMENT (\$)		130	Attorney Docket No.	12755052700

METHOD OF PAYMENT				FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				3. ADDITIONAL FEES			
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description		Fee Paid	
101	710	201	355	Utility filing fee			
106	320	206	160	Design filing fee			
107	490	207	245	Plant filing fee			
108	710	208	355	Reissue filing fee			
114	150	214	75	Provisional filing fee			
SUBTOTAL (1)							
2. EXTRA CLAIM FEES							
Total Claims <input type="text"/> -20** = <input type="text"/> X <input type="text"/> = <input type="text"/>							
Independent Claims <input type="text"/> -3** = <input type="text"/> X <input type="text"/> = <input type="text"/>							
Multiple Dependent <input type="text"/> X <input type="text"/> = <input type="text"/>							
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description		Fee Paid	
103	18	203	9	Claims in excess of 20			
102	80	202	40	Independent claims in excess of 3			
104	270	204	135	Multiple dependent claim, if not paid			
109	80	209	40	** Reissue independent claims over original patent			
110	18	210	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)							
				Other fee (specify)			
				The Commissioner is authorized to charge any additional fees to the above noted Deposit Account.			
				*Reduced by Basic Filing Fee Paid			
				SUBTOTAL (3)			
				(\$130)			

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Robert J. Bennett	Registration No. (Attorney/Agent)	27,533	Telephone	415-576-0200
Signature		Date	3/29/01		

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